DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 05/07/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OMB NO. 0938-0391 AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED 44E445 B. WING NAME OF PROVIDER OR SUPPLIER 04/23/2014 STREET ADDRESS, CITY, STATE, ZIP CODE BAPTIST HEALTH CARE CENTER 700 WILLIAMS FERRY RD LENOIR CITY, TN 37771 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION) (X4) ID PREFIX PROVIDER'S PLAN OF CORFECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE ď (X5) COMPLETION DATE PREFIX TAG TAG DEFICIENCY) F 000 | INITIAL COMMENTS F 000 Baptist Health Care Center does not agree that any deficiencies existed, including the A recertification survey and complaint alleged deficiencies that are the subject of the investigation #32426, #32641, and #33500, were attached response. The facility does not admit the completed on April 21 - 23, 2014, at Baptist facts or the conclusions set out it any survey or Health Care Center. No deficiencies were cited statement of deficiencies, but makes this response related to complaint investigation #32426. in order to comply with state and rederal law and Deficiencies were cited related to complaint as part of its commitment to quality care for investigation #32641 and #33500, under 42 CFR residents. The facility is not waiving its rights to PART 483, Requirements for Long Term Care dispute any survey or deficiency, nor to raise any defenses, whether in an informal dispute Facilities. resolution, a formal appeal, or any other legal or F 224 483.13(c) PROHIBIT administrative proceeding. The ficility does not MISTREATMENT/NEGLECT/MISAPPROPRIATN SS=D admit that any actions taken in response to the notice of deficiencies constitute the applicable The facility must develop and implement written standard of care for long-term care providers. This policies and procedures that prohibit plan of correction serves as the allegation of mistreatment, neglect, and abuse of residents compliance and will be provided to the members and misappropriation of resident property. of the QAPI team at next meeting. 483.13(c) PROFIBIT F 224 MISTREATEMENT/NEGLECT/MISAP ROPRIATION This REQUIREMENT is not met as evidenced 1) On April 25, 2014 the Administrator reviewed the State and Federal reporting regulations to familiarize self with the Based on medical record review, review of an untitled facility report, review of facility policy, and regulations expected. On April 25, 2014 the Administrator and Director of Nursing interview, the facility failed to implement written policies and procedures to prohibit mistreatment reviewed and revised the facility policies and procedures on abuse investigation and and abuse for one resident (#92) of three residents reviewed for abuse of twenty-nine reporting to ensure policy was in compliance with regulations. Per revised policy attached, residents reviewed. the Administrator or designee will be responsible for the investigation of all The findings included: allegations of abuse, mistreatment, neglect, and misappropriation of property SEE Resident #92 was admitted to the facility on POLICY ATTACHMENT #4. February 28, 2011, with diagnoses including Alzheimer's Dementia, Depression, and Seizure On May 9, 2014 the DON obtained a written Disorder. statement from accused CNA #2, and CNA LABORAYORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 program participation.

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Г 224	Continued From page	ge 1	F 224	#3 who observed the incident on N	Karah 11	Ì
			1 . 227	2014.	march [1,	
	Medical record revie	w of the Quarterly Minimum	ļ ,	1.		
	Data Set (INDS) date	ed April 14, 2014, reupotod		On May 12, 2014 the Human	Resource	
	i ine resident was sev	/erety cognitively impaired	1	Director obtained a written statem	ent from	
	i and reduited extebs	ive assistance with activities		the accuser, housekeeper who obsi	erved the	
	of daily living.		ļ	incident on March 11, 2014 The	Winnan	
j	Review of an untilla-	1.6-114	ĺ,	Resource Director also requested	a written	
í	2014 revealed the fo	I facility report dated April 10, acility was informed by an		Statement from housekeeper concern	ing their !	
	investigator from Ark	ult Protective Services (APS)		meeting, with Administrator on	ipril II,	
. [	of allegations of abus	se of resident (#92) by		2014,		
	Cermee Nursing Ass	Sistant (CNA) #8 on March		On May 9 2014 DOM		
i	TA, ZVIA. CONTINUED	review revealed an .		On May 9, 2014 DON attempted to CNA #4 written statement of	o obtain	-
. [	allegation CNA #6 ha	ld inserted the fingers of a	. 1	observation of the March 11, 2014	t their	
į	harnank mingred istex	Clove into the mouth estimated	-	but was unable to be obtained due to	incident	-
	resident wille Waking	Sexually sunnective	-	termination on March 21, 2014	CNA #4	•
	comments applied the	resident in the processes of	i	21, 2014		•
5	Tour other staff memb	pers Continued review of	}	On May 9, 2014 the Administrator	ohtoina d	·
ļ.	the nutitied (SCIIIIA Let	Off revealed the facility and		a written statement from the DON w	Destrict	
	not suspend CNA #6	nor complete interviews with		witness to the interviews conducted	hv the	
	Confinued review of 6	of the alleged event.	ļ	Administrator on March 13 2014	of the	
	revealed the facility h	he untitled facility report ad not reported the alleged	1	accused CNA #1 & #2, CNA #3 w	itnesses	Į.
	Occurrence to the fam	illy or responsible party of		and housekeeper witness.		f
[ 1	the resident, nor had	the facility informed the	İ	On May 0 0 10 222		
į;	State Agency of the a	legations	. [	On May 9 & 12, 2014 the Hurnan R	esource	
į	• • • • • • • • • • • • • • • • • • • •			Director and/or DON conducted one	on one	
} <b>!</b>	Review of facility polic	y, Abuse Prevention	}	meeting with CNA#2, & #3 and hous	ekeeper	
. j ł	Program, undated rev	ealed. "the Nursing		concerning the timely reporting of alle	gations	•
	Supervisor WillSuspi	end from employment		abuse.	}	į
( 5	and/or remove from the	16 premises any person		On March 13, 2014 the Admir		ŀ
- IV	who alleged to have c	ommitted to the		conducted an interview with CNA	#1 4L	
10	occurrencecomplete	an Incident Report and		CNA #1 was terminated based o	n their	İ
; 0	compile a list of staff a	and visitors presently in the		admission of horse playing with a late	v close	
+ 0	aciityAdministrator	Or Director of Nursing	. [	blown up like a balloon in a resident	A SIUVE	1
į V	varu lurougniy invest	igateallegationsthrough		i a condesite	win.	
1 40	viera iirai AleM'''0pse	rvationsaffidavits taken		On April 11, 2014, after the invest		

from persons who may have knowledge of the alleged incident...inform the Department of

On April 11, 2014, after the investigative visit of APS, the Administrator did not

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•	Health, Health Facilitelephonea report, and an investigation family or responsible interview with the Act at 2:15 p.m., in the cat investigated to "emistated the facility did occurrence to the Stainvestigated the incident "was simple interview with the Administrative are aware of occulater. The Administrative are aware of occulaterview with the Dim April 21, 2014, at 3:55 revealed APS visited 9, 2014, with "a vague comments made as a mouth."  Interview with the DO p.m., in the facility was allegations of abuse a accused employee(s) the incident; failed to can investigation of the incident; failed to related to abuse report	dies Regional Office by of abuse has been received is beginningnotify the party"  Iministrator on April 21, 2014, onference room revealed the adduring the week of April digated an incident at the ployee misused gloves" and not report the alleged atte Agency as the facility had lent and determined the horseplay." Continued ministrator revealed APS had lent the week of April 10, investigation one week for stated "nothing reportable irred."  Dector of Nurisng (DON) on 5 p.m., in the DON's office the facility the week of April e allegation of lewd a glove placed in a resident's Non April 23, 2014, at 3:35 apel confirmed on April 10, made aware of the pending an investigation of document the facility.		substantiate any allegation of abuse I interviews on March 13, April 10 and Written statements were obtained on May from CNA #2, and CNA #3 and on May from housekeeper. The written statement housekeeper was different from the of members that were present in the resident's the new statement had additional information of the Administrator's interviews conducted to 13, 2014 was witnessed by DON with Chousekeeper. On May 9, 2014 the Administrator a written statement of the DON's withat meeting.  Attachments #1: Written statement of the DON's withat meeting.  Attachments #1: Written statement of the DON's withat meeting.  Attachments #1: Written statement of the DON's withat meeting.  On April 23, 2014 the Administrator and visited with the Responsible Party of the residents after Survey conducted on April 21, 12, &2 concerning reports of allegations of abuse to #92.  2) On April 28, 2014 DON and Administrativewed all interview able residents possible abuse from CNA #1 & CNA #2 or at staff. No report of abuse was identified. On May 1, 8, 9, 12 & 13, 2014 the ADON HRD conducted inservices for all facility staff. LPN's, CNA's, Housekeeping. L Maintenance, Dietary, Therapy staff, A dministrations of property emphs sizing reporting, what is abuse, and who to report to staff not attending mandatory inservices will allowed to work until they have attended the intraining. SEE STAFF LIST ATTACHMEN Beginning May 1, 2014, all new employee complete training of the abuse, neglec misappropriation of property protoco s throught in the provised policy to ensure awareness of Consultants, volunteers and temp s aff per have also been provided with a copy of the revised policy to ensure awareness of	11, 2014, 79, 2014 12, 2014 12, 2014 12, 2014 12, 2014 12, 2014 13, 2014 15 from as added, on March NA's & inistrator vitness of ent of er.  10d DON dent #92 123, 2014 123, 2014 124 125 127 127 127 127 127 127 127 127 127 127	
	THE HOLD WITH THE YOU	unstrator on April 23, 2104,		reporting, what is abuse and who to report to.	- 1	

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F 225 SS=D INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or selecting and policy related to be involved in the occurrence and had failed to follow the facility QAPI committee quarterly and will provide a brief description of any abuse, neglect and misappropriation of property.  4). Beginning May 1, 2014 the Administrator and DON will report to the quarterly QAPI committee of any reports of abuse, neglect or misr propriation of property. The Administrator will report to the Governing Body at its next meeting concerning this monitoring.  F 225  483.13(c) (1)(ii)-(iii), (c)(2)-(4)		A ANTONIO CONTRACTORY	DBC tailed to even and the		All allegations of abuse, neglect a	nd
F 225 SS=D INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or  F 225  GAT Londinites quarterly and will provide a brief description of any abuse, neglect and misappropriation of property.  4). Beginning May 1, 2014 the Administrator and DON will report to the quarterly QAPI committee of any reports of abuse, neglect or misr propriation of property. The Administrator will report to the Governing Body at its next meeting concerning this monitoring.  F 225  483.13(c) (1)(ii)-(iii), (c)(2)-(4)	· · ·	} accessor beisou(2) Sil	eded to be involved in the		misappropriation of property will be reported	الأمه
F 225 483.13(c)(1)(ii)-(iii), (c)(2) - (4)  SS=D INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS  The facility must not employ individuals who have been found guilty of abusing, neglecting, or  The facility must not employ individuals who have been found guilty of abusing, neglecting, or  Inisappropriation of property.  4). Beginning May 1, 2014 the Administrator and DON will report to the quarterly QAPI committee of any reports of abuse, neglect or misr property. The Administrator will report to the Governing Body at its next meeting concerning this monitoring.  F 225 483.13(c) (1)(ii)-(iii), (c)(2)-(4)		I Accountance and USU t	alled to tollow the feetile.	'	description of any abuse product	
F 225 483.13(c)(1)(ii)-(iii), (c)(2) - (4)  SS=D INVESTIGATE/REPORT  ALLEGATIONS/INDIVIDUALS  The facility must not employ individuals who have been found guilty of abusing, neglecting, or  The facility must not employ individuals who have been found guilty of abusing, neglecting, or		Policy related to abuse	e pronibition.		misappropriation of property	<sup>10</sup>
SS=D INVESTIGATE/REPORT  ALLEGATIONS/INDIVIDUALS  The facility must not employ individuals who have been found guilty of abusing, neglecting, or  The facility must not employ individuals who have been found guilty of abusing, neglecting, or  The facility must not employ individuals who have been found guilty of abusing, neglecting, or  The facility must not employ individuals who have been found guilty of abusing, neglecting, or  The facility must not employ individuals who have been found guilty of abusing, neglecting, or	7 - 1	C/O #33500			4). Beginning May 1, 2014 the Administrator of	_
ALLEGATIONS/INDIVIDUALS  The facility must not employ individuals who have been found guilty of abusing, neglecting, or  The facility must not employ individuals who have been found guilty of abusing, neglecting, or  The facility must not employ individuals who have been found guilty of abusing, neglecting, or  The facility must not employ individuals who have been found guilty of abusing, neglecting, or  The facility must not employ individuals who have been found guilty of abusing, neglecting, or	F 225	483.13(c)(1)(ii)-(iii), (c	)(2) - (4)		DOM WILL REDORT TO THE CHARLES OF WHITE PORTUGE	
The facility must not employ individuals who have been found guilty of abusing, peolecting or F 225 483.13(c) (1)(ii)-(iii), (c)(2)-(4)	SS=D	LINAGO LIGALENKEBO	RT I	i	any reports of abuse, neglect or miss appropriation	~&   I
The facility must not employ individuals who have been found guilty of abusing, neglecting or F 225 483.13(c) (1)(ii)-(iii), (c)(2)-(4)		ALLEGATIONS/INDIV	'IDUALS		Governing Body at its next meeting concerning the	10 5/1/14
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I mode of the country of lower or hours	•	mistreating residents	OV a court of laws or have	. [	INVESTIGATE/REPORT	"
had a finding entered into the State purce olds	;	Had a unding entered i	IDIO the State nurse olds		ALLEGATIONS/INDIVIDUALS	
registry concerning abuse, neglect, mistreatment 1) On April 25, 2014 the Administrator reviewed the		i registi y concernina ah	USA neglect michanisms		1) On April 25, 2014 the Administrator reviewed th	_
State and Federal reporting regulation of their property	ļ	or residents of misapp	FODFIAtion of their property.		State and Federal reporting regulations to familiaria	ا م
and report any knowledge it has of actions by a little sett with the regulations expected. On April 25, 2014		and report any knowle	CICE it has of actions by a like		Self With the regulations expected. On April 25, 201	4 I
court of law against an employee, which would indicate unfitness for service as a nurse aide or abuse investigation and procedures on abuse investigation and procedures on abuse investigation and procedures on abuse investigation and procedures.		indicate unfitness for a	employee, which would		and revised the facility policies and procedures of	6 I
abuse investigation and renorting to ensure policy	[.]	other facility staff to the	e State nurse side registrat		abuse investigation and renorting to ensure police	, !
or licensing authorities.  was in compliance with regulation. Per revised policy attached, the Administrator or designee will be	-1	or licensing authorities		• ]	was in compliance with regulation to Per revise	d
responsible for the investigation of all allegations of	1				responsible for the investigation of all allegations of	arl I
1 THE TACUITY MUST Ensure that all alleged violations   abuse, neglect, and misappropriation of property per		The facility must ensur	e that all alleged violations		abuse, neglect, and misappropriation of property ne	r
involving mistreatment, neglect or abuse	. [	IIIVOIVING MISTREATMENT	. neglect or abuse		SEE POLICY ATTACHMENT #4	
including injuries of unknown source and On May 9, 2014 the DON obtained a written		including injuries of unl	known source and		On May 9, 2014 the DON obtained a writter	n
misappropriation of resident property are reported immediately to the administrator of the facility and observed the incident on March 11, 2014.	.	immediately to the ade	injertator of the feetile	.	statement from accused CNA #2, and CNA #3 who	)
I ID AIDEL OTICIOLO IN ACCONTANTA MEN MALLON I I I I		to other officials in acco	Ordance with State law	1		
On May 12, 2014 the Human Resource Director obtained a written statement from			The state of the s		on may 12, 2014 the Human Resource Director obtained a written statement from	r

## DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 05/07/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION **IDENTIFICATION NUMBER:** (X3) DATE SURVEY A. BUILDING COMPLETED 44E445 B. WING NAME OF PROVIDER OR SUPPLIER 04/23/2014 STREET ADDRESS, CITY, STATE, ZIP COLIE **BAPTIST HEALTH CARE CENTER** 700 WILLIAMS FERRY RD LENOIR CITY, TN 37771 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX PROVIDER'S PLAN OF CORR ECTION (X5) COMPLETION PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE AFPROPRIATE DATE DEFICIENCY) F 225 | Continued From page 4 the accuser, housekeeper who observed the F 225 through established procedures (including to the incident on March 11, 2014. The Human State survey and certification agency). Resource Director also requested a written statement from housekeeper concerning their The facility must have evidence that all alleged meeting with Administrator on April 11, violations are thoroughly investigated, and must 2014. prevent further potential abuse while the investigation is in progress. On May 9, 2014 DON attempted to obtain CNA #4 written statement of their The results of all investigations must be reported observation of the March 11, 2014 incident to the administrator or his designated but was unable to be obtained due to CNA #4 representative and to other officials in accordance termination on March 21, 2014. with State law (including to the State survey and certification agency) within 5 working days of the On May 9, 2014 the Administrator obtained incident, and if the alleged violation is verified a written statement from the DCN who was a appropriate corrective action must be taken. witness to the interviews conducted by the Administrator on March 13, 2014 of the accused CNA #1 & #2, CNA #3 witnesses and housekeeper witness. This REQUIREMENT is not met as evidenced On May 9 & 12, 2014 the Human Resource Based on medical record review, review of Director and/or DON conducted one on one untitled facility reports, review of facility policy, meeting with CNA#2, & #3 and housekeeper and interview, the facility failed to report concerning the timely reporting of allegations allegations of abuse to the Department of Health of abuse. in accordance with state law through established procedures for one resident (#92) of three On March 13, 2014 the Administrator residents reviewed for abuse of twenty-nine conducted an interview with CNA #1, the residents reviewed CNA #1 was terminated bared on their admission of horse playing with a latex glove The findings included: blown up like a balloon in a res dent room. Resident #92 was admitted to the facility on On April 11, 2014, after the investigative February 28, 2011, with diagnoses including visit of APS, the Administrator did not Alzheimer's Dementia, Depression, and Seizure substantiate any allegation of abuse based on Disorder.

Medical record review of the Quarterly Minimum

Data Set (MDS) dated April 14, 2014, revealed

the resident was severely cognitively impaired

interviews on March 13, April 10 and 11, 2014. Written statements were obtained on

May 9, 2014 from CNA #2, and CNA #3 and

on May 12, 2014 from housekeeper. The

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 05/07/2014 FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OMB NO. 0938-0391 AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING \_ COMPLETED 44**E**445 B. WING NAME OF PROVIDER OR SUPPLIER 04/23/2014 STREET ADDRESS, CITY, STATE, ZIP COLIE BAPTIST HEALTH CARE CENTER 700 WILLIAMS FERRY RD LENOIR CITY, TN 37771 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE PREFIX (X5) COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 225 Continued From page 5 written statement of the housekeeper was different F 225 and required extensive assistance with activities from the other staff members that were present in the of daily living. resident's room as the new statement had additional . . 1.5 information added. The Administrator's interviews conducted on March 13, 2014 was wit tessed by DON Review of an untitled facility report dated April 10, with CNA's & Housekeeper. On May 9, 2014 the 2014, revealed the facility was informed by an Administrator obtained a written statement of the investigator from Adult Protective Services (APS) DON's witness of that meeting, of allegations of abuse of resident #92 by CNA #6. Continued review revealed an allegation CNA Attachments #1: Written statement of CNA's #2, #6 inserted the fingers of a partially inflated latex #3, DON and Housekeeper. glove into the mouth of the resident while making On April 23, 2014 the Administrator and DON sexually suggestive comments about the resident visited with the Responsible Party of the resident #92 in the presence of four other staff members. after Survey conducted on April 21, :2, &23, 2014, concerning reports of allegations of aluse to resident Continued review of the untitled facility report revealed the facility did not suspend the accused person(s) nor had the facility interviewed all Per abuse, neglect, misappropriation of property potential witnesses to the alleged event. protocol attached, the Administrator or Director of Continued review of the document revealed the Nursing will be responsible for investigating and facility had not reported the alleged occurrence to timely reporting to appropriate agencies SEE the family or responsible party of the resident, nor POLICY ATTACHMENT #4. had the facility informed the State Agency of the On May 14, 2014 the Administrator reported the allegations. allegation of abuse to the Department of Health, Health Care Facilities through the IRS online Review of facility policy, Abuse Prevention notification website. Program, undated revealed, "...the Nursing Attachment #2: Copy of IRS report Supervisor will...inform the Department of Health, Health Facilities Regional Office by telephone...a 2) On April 28, 2014 DON and Administrator report of abuse has been received and an interviewed all interviewable residents for any investigation is beginning... submit a copy of the possible abuse from CNA #1 & CNA +2 or any other staff. No report of abuse was identified. investigative report within 5 working days of the On May 1, 8, 9, 12 & 13, 2014 the ADON and/or incident to the Department of Health...inform local HRD conducted inservices for all facility staff (RN's, state and federal enforcement agencies as Housekeeping, CNA's, required by law..." Maintenance, Dietary, Therapy staff, Administration, Business Office) on abuse, mistreatment, neglect and Interview with the Director of Nursing on April 23, misappropriation of property emphasizing timely reporting, what is abuse, and who to report to. Any 2014, at 3:35 p.m., in the chapel confirmed on

April 10, 2014, the facility was made aware of the

allegations of abuse and falled to report the

alleged occurrence to the State Agency.

staff not attending mandatory inservices will not be

allowed to work until they have attended the inservice

training. SEE STAFF LIST ATTACHMENT #5.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 05/07/2014 FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: OMB NO. 0938-0391 AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING COMPLETED 44E445 B. WING NAME OF PROVIDER OR SUPPLIER 04/23/2014.... STREET ADDRESS, CITY, STATE, ZIP CODE BAPTIST HEALTH CARE CENTER 700 WILLIAMS FERRY RD LENOIR CITY, TN 37771 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) JD PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X6) COMPLETION TAG DATE DEFICIENCY) F 225 Continued From page 6 Beginning May 1, 2014, all new employees, will F 225 Interview with the Administrator, on April 23, complete training of the abuse, neglect, and nusappropriation of property protocols through 2104, at 3:55 p.m., in the chapel confirmed the facility was aware of allegations of abuse on April the new hire orientation process to ensure awareness of timely reporting, what is abuse and 10, 2014, and failed to report the allegation to the who to report to. Consultants, volunteers and temp State Agency. staff personnel have also been provided with a copy of the newly revised policy to ensure C/O #33500 awareness of timely reporting, what is abuse and F 226 483.13(c) DEVELOP/IMPLMENT who to report to. ABUSE/NEGLECT, ETC POLICIES SS=D 3) Beginning May 1, 2014, the Administrator will monitor on a weekly basis any allegations of abuse The facility must develop and implement written and report them to State within 5 working days. policies and procedures that prohibit The weekly monitoring will be conducted for 3 months. All allegations of abuse, neglect and mistreatment, neglect, and abuse of residents misappropriation of property will be reported to and misappropriation of resident property. QAPI committee quarterly and will provide a brief description of any abuse, neglect and misappropriation of property. 4). Beginning May 1, 2014 the Administrator and This REQUIREMENT is not met as evidenced DON will report to the quarterly Q/PI committee by: any reports of abuse, neglect or Based on medical record review, review of an misappropriation of property. The Administrator untitled facility report, review of facility policy, and will report to the Governing Boty at its next interview, the facility failed to follow its policies on meeting concerning this monitoring abuse prohibition and prevention for one resident F 226 483.13(c) DEVELOP/IMPLEMENT (#92) of twenty-nine residents reviewed. ABUSE/NEGLECT, ETC POLICIES The findings included: 1) On April 25, 2014 the Administrator reviewed the State and Federal reporting regulations to familiarize Resident #92 was admitted to the facility on self with the regulations expected. On April 25, 2014 February 28, 2011, with diagnoses including the Administrator and Director of Nu sing reviewed Alzheimer's Dementia, Depression, and Seizure and revised the facility policies and procedures on abuse investigation and reporting to ensure policy Disorder. was in compliance with regulations Per revised policy attached, the Administrator or designee will be Medical record review of the Quarterly Minimum

of daily living.

Data Set (MDS) dated April 14, 2014, revealed

the resident was severely cognitively impaired

and required extensive assistance with activities

responsible for the investigation of all allegations of

abuse, neglect, and misappropriation of property.

On May 9, 2014 the DON obtained a written statement from accused CNA #2, and CNA #3 who

SEE POLICY ATTACHMENT #4.

observed the incident on March 11, 2(14,

DEPA	RTMENT OF HEALTH	AND HUMAN SERVICES				
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(X4) ID	SUMMARY STAT	EMENT OF DEFICIENCIES		LENOIR CITY, TN 37771		
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F 226	Continued From pag				· · · · · · · · · · · · · · · · · · ·	<u> </u>
	The street of the party	je r	F 226	On May 12, 2014 the Human R	esource	i I
	2014 revealed the s	facility report dated April 10,		Director obtained a written stateme	nt from	}
	investigator from Adv	acility was informed by an alt Protective Services (APS)		the accuser, housekeeper who obser	ved the	
	of allegations of abus	se of resident (#92) by CNA	}	incident on March 11, 2014. The Hu Resource Director also requested a	niar)	
	1 40 MUICH INCHIGED SIL	edations on March 12, 2014		statement from housekeeper concerni	Written	ŀ
-	TOTAL DEGLOSS AND TOTAL	the fingers of a norticity.		meeting with Administrator on Ap	ug meir	
	f umaren istex bloke fu	to the mouth of the recident		2014.	,,,,	1
•	i write making sexusil.	V SUGGESTIVE commante			}	- 1
101.0	about the resident in	the presence of four ark		On May 9, 2014 DON attempted to	obtain	
	facility report roughly	inued review of the untitled		UNA #4 Written statement of	their	
	the accused person(s	d the facility did not suspend		observation of the March 11, 2014 in	ncident	
	interviewed all notent	ial witnesses to the alleged	i	but was unable to be obtained due to C	NA #4	ľ
	Feacur Continued Lea	IEW Of the untilled facilies		termination on March 21, 2014.	į	
. # 15	Lichari Cassied tue ta	Cliffy had not reported the	· j	On May 9, 2014 the Administrator of		· [.
	i aneder arcallette to	i IDE tamily or recognishing 1	ŀ	a written statement from the DCN who	mained	.
	Party of the resident i	NOT had the facility informed L		witness to the interviews conducted	was a j	ļ
	the State Agency of the	re allegations,		Administrator on March 13 2014	of the	
74 (1) 11 (1) (1)	: Pairlant of facility			accused CNA #1 & #2. CNA #3 with	nesses	
	Review of facility police Program, undated rev	y, Abuse Prevention	1	and housekeeper witness.		
	Supervisor willSusp	end from one-line	-	0.15 0.5 5	j	
	and/or remove from the	ne premises any person		On May 9 & 12, 2014 the Human Re	source	
The second	who alleged to have d	Ommitted to the	-	Director and/or DON conducted one of	on one	
٠٠]	occurrencecomplete	an Incident Report and		meeting with CNA#2, & #3 and house concerning the timely reporting of allog	keeper	
	complie a list of staff a	and visitors presently in the		of abuse.	ations	
	racilityAuthinistrator	Of Director of Nursing 1				<b>.</b>
	onsite interview at a	igateallegationsthrough	· [	On March 13, 2014 the Adminis	strator	' "
	from nercons who may	rvationsaffidavits taken		conducted an interview with the #	1 the	
. "	alleged incident infor	y have knowledge of the	1	CNA #1 was terminated based on	their	.
. }	alleged incidentinford Health, Health Facilitie	es Posional Office to	)	admission of horse playing with a latex	glove	]
	telephonea renort of	abuse has been received	Ì	blown up like a balloon in a resident ro	om.	1
	and an investigation is	beginning polify the		On Appli 11 2014 -0	_	1
(**************************************	ramily or responsible p	artykeep the family or		On April 11, 2014, after the investi	gative	f
7 *	responsible party intori	medSubmit a copy of the	"."	visit of APS, the Administrator di	1 not	
į	mvestigative report wit	hin 5 Working days of the	}	substantiate any allegation of aluse bas interviews on March 13, April 10 an	ed on	- 1
1	incident to the Departn	nent of Health Inform local !		2014. Written statements were obtaine	don I	
<u> </u>	state and federal enfor	cement agencies as	1	ATTENDED A CITO OF THE PARTY OF		<u> </u>

DEPA	RTMENT OF HEALTH	AND HUMAN SERVICES			P	RINTER	D: 05/07/201
	FUS FOR MEDICARE	& MEDICAID SERVICES			·	FORM	APPROVE
	ENT OF DEFIDIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION NG	0	MB NC	). 0938-039 TE SURVEY MPLETED
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	- HEALIN CAKE CEN	IER	1	700 WILLIAMS FERRY			
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PREFIX TAG	· · · · · · · · · · · · · · · · · · ·	MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREFID TAG	CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD NCED TO THE APPROPR DEFICIENCY)	DC	(X5) COMPLETION DATE
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		je 8	F 2	6 May 9, 2014 from C	NA #2, and CNA #3 and	on May	
	required by law"			1 4 2014 Trom nouse:	Reemer The purition state		
٠	Interview with the ro			members that were r	s different from the oth present in the resident's	er staff	,
	April 23, 2014, at 3:1	rector of Nursing (DON) on 35 p.m., in the facility chapel		me new statement ha	RC RCCHIONAL information	المامامما	
	confirmed on April 1	0, 2014, the facility was made		I THE ALUMINISTRATOR'S	inferviews conducted on	Namet I	
	Laware or the sileasu	ONS Of Abuse, and following 1		Housekeener, On M	essed by DON with CN May 9, 2014 the Admin	lA's &	
	I susperio the accuse	C employee(s) ponding on		1 Octobrior st Militigh Stu	dement of the D()N's with	birge of	
	Trivestivation of the fl	Oldent failed to document in		that meeting.		-10100 01	
	I me recent investigati	On of the incident failed to 1.		Affachmente #1 - W/	mitten at the second		
	I mount ramines or rest	OODSible parties of the		#3, DON and House	ritten statement of CNA	A's #2,	
	residents involved, a	nd failed to follow the		1	_	1	
	abuse prohibition.	ted to abuse reporting and		I visiten mini ibe Respo	the Administrator and ousible Party of the reside		-
	C/O #33500	· .		Concenting teliblic Of	ed on April 21, 22, &23 allegations of alress to re	, 2014	***
F 280	483.20(d)(3), 483.10(	(k)(2) RIGHT TO		#92.			
∵SS≃D	PARTICIPATE PLAN	NING CARE-REVISE OF		On May 14, 2014 rt	he Administrator reporte		
	i			T CONTRACTOR OF BOILDS	IN the Dangebuses at Y	7	
	Incompetent has the	right, unless adjudged		Health Care Faciliti notification website.	ics through the IRS	online	ļ
	incompetent or other	he laws of the State, to				-	1
	participate in planning	care and treatment or		Attachment #2: Copy	g of IRS report		1
	changes in care and	reatment		ţ		-	İ
1				micryicwed an imer	114 DON and Administrational Administration of the Property of		į
	A comprehensive car	e plan must be developed		I hossinie spriše ttom Ci	NA #1 & CNA #2 or and	other	ļ
	withing clays after the	Completion of the		armi. IND report of app	JSC Was identified	- 1	ŀ
	comprehensive asses	ssment; prepared by an		HRD conducted inserv	t 13, 2014 the ADON a vices for all facility staff (	nd/or	j
	physician a registere	that includes the attending		) LINS, CNA'S.	Housekeening 1 av		j
:	for the resident and o	d nurse with responsibility wither appropriate staff in		Maintenance, Dictary,	Therany staff Administra	ntion	
	disciplines as determi	ned by the resident's needs,		misuppropriation of a	ouse, mistreatment, neglect property emphasizing ti	et and	1
ĺ	and, to me extent brace	Cticable, the participation of		i reporting, what is abus	ic, and who to report to	Aure	†
ļ	the resident, the resid	ent's family or the resident's !		aran not attending mar	ndatory inservices will a	or had	1
	regai representative; a	INC Deriodically reviewed		allowed to work until ():	bey have attended the inse	maan [	1
j	and revised by a team	of qualified persons after		Beginning May 1, 20	114. all new employees	12/211	1
ľ	each assessment.	- I I !		complete training of	f the abuse, nentect	and	- 1
				misappropriation of pr	Operty protocule through	h tha	
		-		timely reporting, what i	rocess to ensure awarene	ss of	. ]
		ļ		•	sino so i opor		- 1

## DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 05/07/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OMB NO. 0938-0391 AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED 44E445 8. WING NAME OF PROVIDER OR SUPPLIER 04/23/2014 STREET ADDRESS, CITY, STATE, ZIP COLE BAPTIST HEALTH CARE CENTER 700 WILLIAMS FERRY RD LENOIR CITY, TN 37771 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL ND. PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 280 | Continued From page 9 Consultants, volunteers and temp staff personnel have also been provided with a copy of the newly revised policy to ensure awareness of timely reporting, what is abuse and who to report to. This REQUIREMENT is not met as evidenced 3) Beginning May 1, 2014, the Administrator will Based on medical record review, observation, monitor on a weekly basis any allegations of abuse and interview, the facility failed to revise the Care and report them to State within 5 working days. The Plan for one (#76) of twenty-nine residents weekly manitoring will be conducted for 3 months. reviewed. Beginning May 1, 2014 the HR Coordinator and DON will monitor all investigated reports of The findings included: allegations of abuse, neglect misar propriation of property for compliance of policy and procedure to Resident #76 was admitted to the facility on ensure immediate suspension of accused employees August 28, 2012, with diagnoses including and written statements are obtained from all parties involved. This monitoring will continue for 3 months Dementia with Depression, Anxiety Disorder, or until substantial compliance is obtained. Chronic Pain, Polymyalgia Rheumatica, Osteoporosis, Hypertension, Hypothyroidism, allegations . of ลโวยรอ, neglect Anemia, and Glaucoma. and misappropriation of property will be reported to QAPI committee quarterly and will provide a brief Medical record review of nursing notes dated description of алу abuse, neglect September 8, 2013, at 9:45 a.m., revealed "Call misappropriation of property. to resident room by staff, on arrival to room 4). Beginning May 1, 2014 the Administrator and another nurse was present. Resident was lying DON will report to the quarterly QAPI committee of on her right side with knee bent. C/O any reports of abuse, neglect or misappropriation of (complained of) pain to (L) (left) hip and (L) property and compliance with facility policy of elbow. On assessment resident refused to roll on Abuse, Neglect and Misappropriation. The Administrator will report to the Governing Body at back because of pain in left hip..." its next meeting concerning this monitoring. Medical record review of a nursing note dated F 280 483.20(d)(3), 483.10(k)(2) RIGHT TO September 8, 2013, at 1:20 p.m., revealed PARTICIPATE PLANNING "Called (hospital) ER (Emergency Room) and CARE-REVISE CP was told by ... that resident was being admitted with (L) hip fracture." 1) On April 23, 2014 the Care Pien Coordinator corrected the Care plan of Resident #76 to include the Medical record review of the hospital Physician's abduction pillow to be maintained while at rest and posterior hip precautions. One on one teachable orders dated September 12, 2014, revealed the moment with the Care Plan Coordinator was resident had a hip fracture and was to have an conducted by the DON on May 12, 2014 to review abduction pillow while at rest and posterior hip the importance of having accurate care plans to

precautions were to be followed.

ensure proper care is provided by staff.

STATEME AND PLAI	NT OF DEFICIENCIES . N OF CORRECTION	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	· · · · · · · · · · · · · · · · · · ·	OMB NO	M APPROV 0. 0938-03
	2		A. BUILDI	NG	CO	TE SURVEY
NAME O	F PROVIDER ÖR SUPPLIER	44E445	B. WING	<u> </u>		
		-		STREET ADDRESS, CITY, STATE, ZIP CODE	04	/23/2014
PAPI	ST HEALTH CARE CEN	TER	-	700 WILLIAMS FERRY RD		'n
(X4) ID		TEMENT OF DEFICIENCIES	<u> </u>	LENOIR CITY, TN 37771		7
PREFIX TAG	(CACH DEFICIENCY	MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROV DEFICIENCY)		COMPLETIC DATE
F 280	Continued From pag	20.40				
	i Medical record route	ge 10	F 28	0 3		
	1 40 000000000000000	w of the Care Plan, updated	1	2) On April 28, 2014 to May 13, 2	014 the	
-	i accountentation to ad	dress the regident's name to-	]	Care Plan Coordinator reviewed all recare plans to ensure that all physician	sidents?	
	the abduction pillow	or posterior hip precautions.		were reflected. No variances were fo	o orders	
	!	22, 2014, at 11:40 a.m.,		3) Beginning May 1, 2014 he Do	YNT211	
	Ligacord nig issidelli	[ Seafed in a nadal abaic with li		leview all new admissions' care of	lan mau i	
	a seat belt alarm in p	lace.		International period of 3 months to enco	re care	
	: Intentiou es Assil es			platis are accurate and timely	l l	
	Rehabilitation Director	2014, at 1:10 p.m., with the pr., in the conference room,		4) Beginning May 1, 2014 the DO report to the QAPI committee the more	N will	
	AAAAMAA II A I GSIOGOT	DAG Orders for neglector to the		outcomes of care plan at the next qu	litoring	
	Prevauluis Wilen the	PESICION Was contest in -		scheduled QAPI Committee theeting	The	
	cuan me resideble Di	OSITION was to be straight up 1		Auditoristrator will report to the Cov	romain a l	
į	at one-hundred-eight	y (180) degrees.		body at its next meeting concernir	g this	$-L$ $\int_{\Omega}$
i	Interview with Registe	ered Nurse #1 on April 22,		monitoring.	- F	7/16/14
	2014, at 5,45 p.m., in	TDE COnference room				
	confirmed the Care P include abduction pillo	ian was not revised to				
	posterior hip precautio	ons.		Fac.	-	
	C/O #32641		!			
282	483.20(k)(3)(ii) SERV	ICES BY OUTAL TEMPS	_			
S≃D	PERSONS/PER CAR	E PLAN	F 282	483.20(k)(3)(ii) SERVICES	70.71	
1		ļ	- ]	QUALIFIED PERSONS/PER C	BY	
<b>*</b>	The services provided must be provided by q	or arranged by the facility	j	PLAN	J	
	accordance with each	resident's written plan of	j	1) Upon being made aware of the unplu	lgged	
- 1	care.		ļ	manress on April 23, 2014 the wound	0000	
Ì			f	nurse immediately plugged the mattress	into	
ļ -	This REQUIREMENT	is not met as evidenced	Í	the electric outlet. Woung care	nurea	
į k	э <b>у</b> :	,	ŀ	inserviced the direct care staf? (LPN's CNA's) immediately assigned to care	and	
İ	Based on medical reco	ord review, observation,		resident #66 on proper use of the air matt	tor	
	and interview, the facili	V failed to implement the	.	Free 220 of the an Hall	1 CSS.	
j	esidents reviewed.	ent (#66) of twenty-nine	İ		İ	j

STATEME	MUDE DEEK GRANES	AND HUMAN SERVICES  & MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA	T			FOR	D: 05/07/2( MAPPROV O. 0938-03
"AD SCAV	OF CORRECTION	(DENTIFICATION NUMBER:	(X2) MU A. BUILI	TIPLE CONSTRU	UCTION .	1(X3) D.	O. 0938-03 ATE SURVEY OMPLETED
NAME (1	PROVIDER OR SUPPLIER	44E445	B. WING		<u>:</u>		
			<del></del>	STREET ADDI	RESS, CITY, STATE, ZIP		1/23/2014
BAPTIS	T HEALTH CARE CEN	TER		700 WILLIAM	MS FERRY RD	CODE	j,
(X4) ID	SUMMARY STA	EMENT OF DEFICIENCIES		LENOIR CIT	TY, TN 37771		-
PREFIX TAG		MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFI TAG	י ובאנ	ROVIDER'S PLAN OF CO CH CORRECTIVE ACTION S-REFERENCED TO THE DEFICIENCY)	5 / MI (2011 ) 4 m m m m m	COMPLETIC DATE
F 282	Continued From pag	ge 11	F 2	32 200 10			
	The findings include	d:		DON (	fay 9, 2014 the wound checked all reside	eiste sweigh	i
	Artery Disease, Chro	Imitted to the facility on May oses including Coronary nic Obstructive Pulmonary art Failure, and Diabetes.		properly all nursi beginning	es to ensure mattresse The wound care n ing staff on use of g May 12, 2014.	e: were working turse inserviced if air mattress	}
	Medical record review Report dated March	v of the Order Summary 29, 2014, revealed, an order 13, for "Air mattress to bed."		shift that	ning May 1, 2014 th ument on the treatme air mattresses are wo continue for 3 month	ont sheet each liking properly.	
Medical record dated June 7, 2 problem of "At intervention of	dated June 1, 2013, h	skin Breakdown and the		outcomes scheduled meeting.	The Administrator wi	ks at the next committee	, 1
	Observation on April 2 revealed the resident : in the lounge area out tursing station. Furthe Licensed Practical Nu	Į.		concerning	g Body at its r g the monitoring.	ext unceting	5/16/14
0 2 1 1	Observation with LPN 2:00 p.m., In the reside esident lying in a low I	#4 on April 23, 2014, at ent's room, revealed the ped. Further observation					
2	nterview with LPN #4 ( :00pm., in the residen nattress on the resider	on April 23, 2014, at t's room, confirmed the air nt's bed was not inflated.					
5	ing the Dilector of Mili-	tant Director of Nursing sing on April 23, 2014 at ence room, confirmed the low the care plan.					İ

Event ID: B1M711

Facility ID: TN5302

If continuation sheet Page 12 of 16

FORM CMS-2567(02-99) Previous Versions Obsolete

DEPA CENT	RTMENT OF HEALTH	AND HUMAN SERVICES				PRINT	ED: 05/07/26	014
	INT OF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA	CVN 440	is Tripi		FOR	RM APPROV IO. 0938-03	/ED
	i course tour	IDENTIFICATION NUMBER:	A. BUILE	DING	LE CONSTRUCTION	~ (X3) C	ATE SURVEY	
NAME	F PROVIDER OR SUPPLIER	44E445	B. WING	3				
1			<del></del>	s	TREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	4/23/2014	
BAPTIS	ST HEALTH CARE CEN	TER	į	71	00 WILLIAMS FERRY RD		ì	
(X4) ID	···		ĺ		ENOIR CITY, TN 37771		···	
PREFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	, ID		PROVIDER'S PLAN OF COSPECTION		<del></del>	_
TĄG	REGULATORY OR LS	C (DENTIFYING INFORMATION)	PREF) TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)		COMPLETIO DATE	N
F 356	483.30(e) POSTED	NURSE STAFFING		- 1			<del></del>	
SS=C	INFORMATION	HOROE STAFFING	F 3	56	483 30(a) POSTED NIXIDA			
	Trans.				483.30(e) POSTED NURSE STA INFORMATION	FFING	;	
-	! The facility must pos	t the following information on	<u> </u>					j
	a daily basis: o Facility name.			-	I) Upon being made aware of in	correct	:	
	o The current date.				staffing data information on April 2:	., 2014	İ	
	o The total number a	nd the actual hours worked		]	the DON immediately corrected the sinformation. On April 21, 2014 the	faffing	]	1
	I NA THE TOHOMILID CSEC	DOMES of licensed and			conducted one on one teachabl; morne	DON		
	resident care per shif	aff directly responsible for			the individual responsible for nosting	MILERO		1
	- Registered nurs	T: ec			starting data on each shift on how to	Count	1	1
	<ul> <li>Licensed practic</li> </ul>	al nurses or licenced	•	.	nouts per scheduled hurse her shift			
İ	i vocational nurses (as	defined under State tour			2) On May 13, 2014 the ADOX and a	affing		
i	- Germied nurse a	ides.			monifoldial responsible for data review	ad tha	Ì	
ļ	o Resident census.	İ			past 2 weeks staffing notices to a information was posted correctly.	msure		
j	The facility must post	the nurse staffing data			3) Beginning the week of May 12, 20,	i4 the		
	specified above on a r	daily hasis at the heatening 1		į	previous day's posted staffing sheets u	sill be		
ŀ	o Clear and readable	USt De posteri as folloure:		-   -	reviewed by the ADON for correct	data		
í	<ul> <li>In a prominent place</li> </ul>	teadily accessible to		1 /	posting for a period of 6 weeks or more			1
	residents and visitors.	docessible to		, 1	until 100% compliance of correct deposted with no errors.			
	The facility must, upor	oral or written request,		4	4) Beginning May 1, 2014 the DON	will		
i	make nurse statting da	ata avaitable to the public		1 '	eport to the QAPI committee the manif	orina		
î	for review at a cost no	t to exceed the community		1 9	outcomes of posted staffing dela at the	next		
j	standard.			٦	cheduled quarterly OAPI comp	11#00		
,	The facility must maint	ain the posted daily nurse		1 6	neeting. The Administrator will report to Governing Body at its next me	o the	1 .	
; ;	starring data for a mini	Mum of 18 months or as		C	oncerning this monitoring.	ting	5/12/11	
1	required by State law,	whichever is greater.			o and shorting.	ĺ	5/16/14	
	This DEOLUDENCE:						]	
! !	DA: Luis MEMOIMEMENT	is not met as evidenced						
	Based on review of the	P posted nurse staffing		İ				
į	data and interview, the post the nurse staffing	facility failed to correctly				-		

TATEMEI VD PLAN	NT OF DEFICIENCIES . NOF CORRECTION	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT		FOR MB NO	D: 05/07/2 M APPROV <u>D. 0938-0</u>
	•	DELTHING NUMBER:	A. BUILDIN		(X3) DA	TE SURVEY
IAMÉ OF	PROVIDER OR SUPPLIER	44E445	B. WING			WI SEILED
			<del></del>	STREET ADDRESS, CITY, STATE, ZIP CODE	04	/23/2014
MPHS	T HEALTH CARE CEN	TER	- 1	700 WILLIAMS FERRY RD		i
(X4) ID	SUMMARY STAT	EMENT OF DEFICIENCIES	<u>,,l</u>	LENOIR CITY, TN 37771		*
PREFIX TAG		MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE LIPPROPE DEFICIENCY)		(X5) COMPLETI DATE
F 356	Continued From pag	e 13				<u> </u>
	The findings included	6 13 1:	F 356			<u> </u>
	four Registered Nurs Licensed Practical No	ırses.				
494 S=D	were only three Regis seven Licensed Pract the nurse staffing data 483.75(e)(2)-(3) NUR: TRAINING/COMPETE	SE AIDE WORK > 4 MO - INCY	F 494	483.75(e)(2)-(3) NURSE AILIE WOL MO-TRAINING/COMPETENCY	K>4	
r o c A le el	months, on a full-time is competent to provide selected services; and the completed a training alternative provided by the State sequirements of §§483 or that individual has becompetent as provided facility must not use considered, or any basis of mployee any individual	basis, unless that individual anursing and nursing nat individual has not competency evaluation as meeting the 151-483.154 of this part; seen deemed or determined in §483.150(a) and (b).		1) On May 8, 2014, the Nurse Aide Traprogram Instructor clin inated requirement for nurse aide students to pa workbooks (see new policy agree attached). On May 8, 2014 the current of nurse aide trainees and those in previous classes taught in 2014 identified. The identified active nurse a will be reimbursed for any clarges for program. Reimbursement will be compl by May 22, 2014. 2) As of May 8, 2014 this new po agreement will be applied to all norse.	the y for ment class the were sides the eted	
th Ni fu	rnish services to resident	iphs (e)(2)(i) and (ii) of ide those individuals who ents only as paid feeding §488.301 of this chapter.		students.  3) As of May 12, 2014 the Administrator ensure that all students accepted into NAT program will receive a copy of revised NAT program agreement. HR ensure that document is inclusive in personnel file folder.	the the	

ND PLAN	NT OF DEFICIENCIES FOR CORRECTION	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA	/Y2) Mat ii T		FOR	D: 05/07/2 M APPRO\ O. 0938-0:
	TO MESTION	IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION G	`` (X3) ∆	TE SURVEY
VAME OF	PROVIDER OR SUPPLIER	44E445	B. WING		İ	
	T HEALTH CARE CEN			STREET ADDRESS, CITY, STATE, ZIP COD	<u> </u>	1/23/2014
			1	700 WILLIAMS FERRY RD		4
(X4) ID PREFIX		EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID	LENOIR CITY, TN 37771		
TAG	REGULATORY OR LS	C IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	A	(X5) COMPLETIC DATE
F 494	Continued From pag	: ie 14	-		····	<del> </del>
	This REQUIREMENT	is not met as evidenced he CFR Title 42, Volume 3,	F 494	compliance with the new agreem report compliance to the Adr ini- monthly basis for 6 month Administrator will provide a green	ent and will strator on a as. The	
i	Term Care Facilities ( Programs), review of Training Program, fac	Nurse Aide Training the facility Nurse Aide		on compliance with the new N Training program policy agreem next scheduled quarterly QAPI meeting and for the next 3 quarterly following. The Administrator will	lurse Aide ent at the committee	
	aide was charged for The findings included:	any portion of the program.		the Governing Body at its nex concerning this monitoring.	t meeting	
	Review of the Require	ments for States and I		ATTACHMENT #3: NAT AGREEMENT	POLICY	5/22/14
F	Requirements revealer obligation of charges	d, "Sec. 483.152 (c)	-	9 g		, ,
e ti c	employed by, or who hemployment from a factor and the aide begins a nurse competency evaluation of the portion	as received an offer of cility on the date on which a aide training and program maybe charged				
fc	or textbooks or other r	equired course material.			;   	
h: Ti	ad received training th	last veer and twonts sinks !		: : · # :		
ha	147 VII MUNI 23. 71114 (	to pay for the work book		;		:

STATEMEN	TO FOR MEDICARI	AND HUMAN SERVICES  & MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA	l numerical states		FOR	D: 05/07/201 MAPPROVE D: 0938-039
ANU PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DA	TE SURVEY MPLETED
MANGOE		44E445	B. WING_			
	PROVIDER OR SUPPLIER THEALTH CARE CEN		·	STREET ADDRESS, CITY, STATE, ZIP COD	04 E	/23/2014
(X4) ID			- 1	700 WILLIAMS FERRY RD LENOIR CITY, TN 37771	,	
PREFIX TAG	1 15000 DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORDE	DIN B No.	(X5) COMPLETION DATE
F 494	Continued From participation of the Workbook for Interview with the Di Nurse Alde Training April 23, 2014, at 5::	ge 15 nailway revealed "had to pay the class taken in 2012."  rector of Nursing and the Program Coordinator, on 10 p.m., in the chapel had charged the students	F 49			